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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Application Number	09/898,679
Filing Date	07/03/2001
First Named Inventor	Emanuel Kulhanek
Art Unit	3679
Examiner Name	Giovanna M. Collins
Attorney Docket Number	KULE101

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Alt Olik	150.7			
		Examiner Name	Giovanna	M. Collins		
		Attorney Docket	Number KULE101			
This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.						
and amendments en applicant does not w	closed with the RCE will be entered in the order in which to have any previously filed unentered amendmen	t(s) entered, applic	unless applicant in	structs otherwise. If		
a. Previously so Office action i. Consider ii. Other	ubmitted. If a final Office action is outstandi may be considered as a submission even the arguments in the Appeal Brief or Reply	ng, any amend if this box is no Brief previously	ments filed afte t checked. y filed on _	r the finaRECE		
b. ⊠ Enclosed				GROU	360	
i. 🛭 Amend		Disclosure Sta ransmittal of Fo				
2. Miscellaneous	of action on the above identified application	is requested u	inder 37 CFR 1	103(c) for		
Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)						
Description The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No.						
ii. 🗆 Extens	sion of time fee (37 CFR 1.136 and 1.17)	/12/2003 AWONDAF:		1		
III. ☐ Other	amount of \$ 375.00	FC:2801 enclosed		375.00 OP		
	credit card (Form PTO-2038 enclosed)	_ = ===================================		1		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
Name (Print/Type)	JosephyW. Holishid () ()	Registration N	O. (Attorney / Agent)	38,919		
Signature	ZWITCH .	Date Aug	ust 7, 2003			
	CERTIFICATE OF MAILING OR					
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